Boston Redevelopment Authority

8 June 1994

Mr. Gary E. Reed
Vice President Support Services
New England Baptist Hospital
125 Parker Hill Avenue
Boston, MA 02120

Dear Mr. Reed:

Re: Ambulatory Care Building/Parking Structure Project: Preliminary Adequacy Determination and Master Plan Review

This letter is the BRA's review comments on the Master Plan proposed by New England Baptist Hospital (the "Hospital"). It is also the Preliminary Adequacy Determination (the "Determination") of the Boston Redevelopment Authority (the "BRA") with respect to the Draft Project Impact Report (the "DPIR") for the Ambulatory Care Building/Parking Structure Project (the "Project").

The Project is being reviewed pursuant to multiple sections of the Boston Zoning Code (the "Code"), including Articles 27M, which establishes Master Plan requirements for the project. The Hospital has also voluntarily agreed to comply with Article 31 of the Code. Article 31, Development Review Requirements, sets out a comprehensive procedure for project review and requires the BRA to issue an Adequacy Determination prior to issuance of a building permit. The Adequacy Determination is issued upon determination by the BRA that the Final Project Impact Report (the "FPIR") is satisfactory.

The BRA's comments on the master Plan are issued pursuant to Article 27M. These comments request additional information required for the continued review of the Master Plan.

SIPD/33.RPT/060794/1

The BRA's Determination is issued pursuant to Section 31-5 of the Code. The Determination requests additional information, required by the BRA for its continued review of the Project, that should be included in the FPIR. But for the required corrections, clarifications, and additional information requested in the attached Technical Appendix, the DPIR is sufficient to satisfy the scoping requirements.

We look forward to receiving the Final Project Impact Report.

Sincerely,

Richard Garver
Acting Assisting Director for
Institutional Planning & Development

TECHNICAL APPENDIX
TO THE
NEW ENGLAND BAPTIST HOSPITAL
MASTER PLAN REVIEW
AND TO THE
PRELIMINARY ADEQUACY DETERMINATION
FOR
NEW ENGLAND BAPTIST HOSPITAL'S AMBULATORY CARE BUILDING/PARKING STRUCTURE PROJECT

I. MASTER PLAN

On April 29, 1994 the Mission Hill Planning and Zoning Advisory Committee voted to recommend approval to the BRA of the New England Baptist Hospital Master Plan subject to four conditions. The Hospital should examine alternatives to meeting the four conditions and should describe and justify the preferred response to each. The four conditions are as follows:

- That a conservation easement be granted for a stated period, striving for a perpetual easement, in a form that is acceptable to the City of Boston and the PZAC, with the terms and conditions to be negotiated within the next month. We request that the revised Master Plan reflect the results of discussions with the Boston Conservation Commission concerning a mutually acceptable conservation easement.

- That the fourth tier plan be negotiated with the city and PZAC/community representatives that will respond to the concerns of the community, said plan to be completed within the next month. The revised Master Plan should reflect the preparation of alternative designs for the 4th tier which respond to community and Boston Parks Department suggestions.

- That the so-called "Bolling Lot" at the corner of Terrace, Heath, and Parker Streets be approved as a part of the plan only if the entire lot is included. Furthermore, that the Baptist be encouraged to present a full plan for the lot for PZAC/community review. The revised Master Plan should reflect consideration of alternative schemes for using the Bolling Lot, if it is acquired by the hospital, and/or other off-campus sites. These should be studied as a part of the hospital's access planning. Current and future parking supply needs at the off-campus sites should be examined as part of an effort to reduce the number of additional parking spaces proposed by the hospital and the establishment of an on-campus parking cap.

- That specific project plans be refined to minimize the intrusion into "the meadow", paying special attention to the location of the entry drive. The revised

Master Plan should reflect analysis of alternate plans for the size and location of the Ambulatory Care Center and Parking Garage. This analysis should determine the feasibility of minimizing the impact of the project elements on the meadow. Special attention should be given to analyzing alternatives for the location and design of the entry drive to determine a feasible plan which reduces the current impact on the meadow. Analysis of the impacts from vehicle use of the drive and the uses of design treatments along the interface of the drive and meadow to mitigate impacts should be studied.

In addition to responding to the PZAC conditions, the revised Master Plan should address the following issues.

Transportation

This section of the revised Master Plan should describe the elements of the Transportation Access Plan Agreement that will be entered into by the hospital with the Boston Transportation Department. The elements include, but may not be limited to the following:

- The maximum number of on-campus parking spaces permitted should be identified and allocated by user type (patient, visitor, doctor, employee).

- The number of off-campus parking spaces to be provided should be identified and the shuttle service described.

- Commitments to reduce the use of single occupancy vehicles and increase the use of other modes should be outlined.

Urban Design

The landscape design along Parker Hill Avenue should include the improvement of the visual quality of the service entrance between the Lahey and Main buildings.

The grid of orchard trees should be as dense as possible and should extend across Parker Hill Avenue into the proposed reconfiguration of the surface parking lofts.

II. DEVELOPMENT REVIEW REQUIREMENTS - ARTICLE 31

Article 31 of the Boston Zoning Code promulgates a process by which large-scale development projects are reviewed by the BRA and the public to ensure that they enhance the common welfare. In the review of the DPIR, the BRA has identified additional information which the BRA requires in order to issue a Final Adequacy Determination. The following is a description of the sufficiency of the information submitted in the DPIR and the additional information which the proponent must include in the FPIR.

A. GENERAL INFORMATION

The general information provided is sufficient except for the following.

A statement is needed regarding the amount of Payment-in-Lieu-of-Taxes (PILOT) the proponent will pay to the City of Boston, with respect to the Proposed Project, under an agreement with the City of Boston Assessor.

The specific community benefits which the Hospital is committed to continue, enhance, or initiate as a part of the Master Plan and the Proposed Project need to be more fully described in this section. Clarification is needed in particular regarding the following:

- Neighborhood Pedestrian Pathways
- Meadow and 4th Tier Improvements
- Meadow Conservation Easement
- Maintenance of McLaughlin Playground and the Meadow
- Enhancement of Job Opportunities for Boston and Mission Hill Residents
- Housing Impact Mitigation

B. TRANSPORTATION COMPONENT

The project as proposed comprises 72,000 g.s.f. of hospital floor space in the Ambulatory Care building and a 422-space parking structure to be erected to the east of the existing hospital buildings. The primary transportation issues have to do with the parking supply/demand relationship and the location of new parking.

Traffic

In order to evaluate the parking proposal, and to gauge the appropriate level of project mitigation efforts, it is important to understand the impact on local residential streets of the hospital's current operations. The scope (Sec. 1.1) emphasized the need to identify local trip distribution patterns, specifically calling for a discussion of the use of such streets as Calumet, Sachem, Wensley, Estey, etc.

The DPIR fails to respond in any way to this element of the scope. The FPIR must provide the required evaluation, in the form of a map showing access routes and attributing percentages of hospital-generated traffic using each. This information can serve as the basis for the build-case analysis, which should show, in numbers of vehicles, the increase due to the proposed project.

Some clarification is needed regarding conflicting statements made in the first paragraph of Section 1.4.1. It states that "the largest volume of employees arrive between 8:00 AM and 9:00 AM" and also that "approximately 83% of the total staff work during the day shift (7:00 AM to 5:00 PM)."

The modal share data adds to 100%, with 14% using the MBTA and 9% the Mission Link bus. However, since there is no direct MBTA service to the hospital and the Mission Link bus starts at Brigham Circle, presumably many staff who access the hospital via the MBTA also use the bus. Therefore, the percentage using the MBTA or the Mission Link bus (or both) may actually be higher, depending on how the employee survey was worded. This needs to be clarified.

Parking

Section 3.4, 1998 Build Parking Conditions, is an inadequate discussion of the future parking supply situation. No explanation of the increase in employment in the No-build condition is provided, nor of the arithmetic behind the 254-space increase in the Build condition. According to the summary of parking supply in Table IV.6-2, which should have been included in the Transportation Component, the proposed 422-space parking garage would bring the total of spaces on the campus to 729. Since the Hospital is currently under an agreement of 1986 with the City of Boston to limit on-campus parking to 600 spaces, a fact which should have been discussed in the Access Plan, the current proposal implies an amendment to that agreement.

In order to assess the proper number of spaces on-campus, a number of factors need to be considered: current mode splits; the increase in employment and patient visits associated with the Ambulatory Care Building, and with other Master Plan projects; the potential for minimizing parking demand through commuter mobility measures; and changes in both on-campus and off-campus supply.

Mode split information provided in the DPIR is insufficient and questionable. Table III.1-3 states that physicians use transit, including the Mission Link, in considerably higher proportions than all other employee groups. This finding is highly unusual, and should be further discussed and supported in the FPIR. There is also no distinction made between auto users who park at the Brookside Avenue lot and those who park on-campus, no information about how satellite parkers are shuttled to the site or whether these people are counted as drivers or transit users, and no occupancy survey of the Brookside lot. These should be provided in the FPIR.

In the absence of complete information about commuter patterns, it is only possible to outline the issues which need to be explored in the FPIR. The Hospital should develop further the options for use of the parcel at Terrace Street/New Health/Parker Street. In particular, alternatives should be presented for the number of parking spaces which could be created on that site, through either use of the existing surface lot or the construction of a garage. Those potential spaces should then be assigned to potential users, both parkers who currently occupy on-campus lots and future parking demand generated by the Ambulatory Care Building and other Master Plan projects. Relocation of the Brookside satellite facility to the Terrace Street lot, which is obliquely implied by Table IV.6-2 but mentioned nowhere else in the DPIR, should also be discussed if it is intended.

In preparing these alternatives, the Hospital should pursue a goal of minimizing the number of employee parking spaces on the campus. If, for instance, some of the parking currently located at lots A through F could be relocated to the Terrace Street site, and if the proposed garage could be scaled down and dedicated to patient/visitor use, it is possible that hospital parking demand could be satisfied without exceeding the 600-space threshold.

Mitigation Measures

Assuming the mode split percentages are correct, the overall rate of auto use among hospital employees is quite high. Given the relative weakness of transit services in the area, efforts should be made to increase the availability of shuttle services. These efforts could include expansion of the Mission Link service if appropriate. A more effective measure might be the reduction or elimination of the fare changed to hospital employees for use of the Link. In addition, the Mission Link bus is not particularly convenient, running only every half hour. Consideration also should be given to increasing its frequency, which would not only encourage greater employee use but also more use (via the MBTA) by patients/outpatients/ visitors. Doing so would help achieve the mitigated modal share. Perhaps the hospital should consider a shuttle van service from the MBTA stops to encourage greater public transit use.

Other commuter mobility measures should be adopted to augment the commitments in the 1986 Parking Management Plan. These measures will be described in the Access Plan Agreement between the Hospital and the BTD.

An important traffic mitigation element that has been proposed by the Mission Hill community is the widening of the Sachem Street approach to Parker Hill Avenue. This improvement could be accomplished with the dedication to the City of a small piece of Lot D, and the relocation of the sidewalk. This concept has been explored tentatively by the Hospital's consultants, and should be developed further in the FPIR.

C. ENVIRONMENTAL PROTECTION COMPONENT

Wind

The qualitative assessment indicates that the project is not expected to result in any unacceptable pedestrian level wind conditions; rather the net effect of the two new buildings would be no effect or some reduction in wind speeds at certain locations. This is due mainly to the blocking effect of the two buildings. Southeast winds appear to have the greatest effect at the main entrance courtyard to the Ambulatory Care Building, but these winds are not frequent.

It would be helpful if there could be a building plan which specifically locates the various entrances described in the text (mainly by compass direction). This should be provided in the FPIR.

Air Quality

The DPIR is adequate with respect to this issue.

Solid and Hazardous Waste

It is recommended that the results of the Phase I Preliminary Site Assessment currently in process be included in the FPIR. The FPIR should specifically include findings for the Lot G area which is the proposed location for the parking structure.

Noise

Table IV.4-1 indicates that the Central Utility Plant of the hospital is a noise source at location #2, which is several hundred feet to the east, but not at location #3, which is just across the street from the Plant. Why is this?

According to Table IV. 4-1, Pg. IV. 4-7(¶1), the highest background levels appear to have been recorded at location #3, not location #2 as stated in the text.

Six, not five (as stated in the text), locations were modeled as noise receptors.

Tables IV. 4-3 should be keyed to the numbers on the Noise Modeling Locations map (Fig. IV. 4-2).

To be more accurate, it would seem that the noise modeling also should include background noise levels, for the total noise level at a particular modeling location.

On page E-16, Appendix E, the last paragraph needs to be corrected since Table E-11 shows that the total noise levels for Phase I-Demolition/Site Preparation will be 75 dBA.

Geotechnical Impact

The DPIR is adequate with respect to this issue.

Construction Impacts

No mention is made of the excavated asphalt from the existing parking lot. It is recommended that the asphalt be recycled in an asphalt batching plant rather than disposed of in a landfill.

D. URBAN DESIGN COMPONENT

The Urban Design section of the DPIR is adequate except for the following issues which the proponents should address and resolve in the FPIR.

Site Plan

As currently drawn the proposed Ambulatory Care Building is sited on the lawn portion of the "meadow" and the entrance drive extends about halfway into the tall grass portion. As referred to in the discussion of the Master Plan, the proponents should explore alternatives that decrease the distance between the existing Fogg Building and the proposed ambulatory building while maintaining a dimension that insures adequate privacy and the continuation of the rhythm of open area and building that the existing complex establishes along Parker Hill Avenue. Also to be explored are alternative entrance drive layouts that are closer to the proposed building and more orthogonal in configuration, to minimize the visual and physical impact on the adjacent open space.

Massing and Design

The massing of the proposed building should reinforce the rhythm of solid and void referred to above. The setback of the middle portion between the east and west wings should be large. The materials of the middle portion should distinguish it clearly from the projecting wings.

The shape and treatment of the east side of the Ambulatory Care Building should announce the end of the progression of hospital buildings and should acknowledge the hilltop and open space beyond.

E. HISTORIC RESOURCES COMPONENT

The DPIR is adequate with respect to this issue.

F. INFRASTRUCTURE SYSTEMS COMPONENT

The DPIR is adequate with respect to its analysis of the project impact on the area infrastructure.

III. AGREEMENTS

In addition to completing the Development Review Requirements the agreements and plans listed below must be provided in form and content satisfactory to the relevant signatory public agencies before building permits shall be issued for the Project.

A. Cooperation Agreement pursuant to Section 31-14 of the Code.

B. Transportation Access Plan Agreement.

C. Traffic Maintenance Plan in conformity with the city's Construction Management Program.

D. Boston Resident Construction Employment Plan pursuant to Chapter 12 of the Ordinances of 1986 of the City of Boston, as amended by Chapter 17 of said Ordinances and Executive Order Extending Boston Resident Job Policy, signed by the Mayor on July 12, 1985.

E. First Source Agreement with the Mayor's Office of Jobs and Community Services.